



CCSH EDUCATION GRANT APPLICATION

First Name _____ Last Name _____ Suffix _____
Street Address _____ City _____ State _____ Zip _____
Email Address _____ Phone Number _____

RPSGT Credential #: _____ How Many Years of experience do you have as an RPSGT? _____

Please list below any additional Credential/Certification that you actively hold:

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-
-
-
-

Your Current Job Role/Title: _____

Have there been any sanctions against you or any of your credentials/certifications currently or in the past? _____

Have you recertified your RPSGT at least once? _____

Please attach the following supporting documentation to your application:

- 1) Resume/CV
- 2) A written statement in 200-500 words telling us why you want to obtain the CCSH and why would an educational grant be needed or deserved.
- 3) A copy of your CPR/BLS certification.